

# New Hampshire Board of Nursing

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HB: 484 / Delegation

Presented on May 6, 2016 by:

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# HB:484

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- HB:484 A lawful act relative to delegating medication administration by Licensed Nursing Assistants employed in homecare, residential care, adult day care, school settings and hospice settings.
- HB:484 passed by House and Senate into law
- HB:484 signed by the Governor May, 2015 into law
- New Hampshire Nurse Practice Act permits delegation by licensed nurses (APRN's, RN's and LPN's).

# Objectives

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- Define HB: 484 Law and RSA 326-B Rules
- Provide information about delegation
- Enhance licensed nurse's knowledge, skills and implementation of delegation rules and principles
- Identify description of roles and responsibilities of delegating by licensed nurses
- Identify safe, effective delegation that protects the public

# Define Statutes Versus Rules

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- **Statute** – a law passed by a legislative body. Requires that something be done; directs the doing of a law.
- The New Hampshire **Nurse Practice Act** is the General Statute through which the BON has authority to regulate nursing practice.
- **Rules** – established and authoritative standards or principles. Mandates and guides conduct or action in a given type of situation.

# Administrative Rules that Accompany the Law RSA 326-B

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- Nur 100–800
- Administrative rules Board of Nursing (BON) follows
- BON does not have the right to waive any rule passed by New Hampshire Legislature
- Obtain copy of the law and rules at [www.nh.gov/nursing](http://www.nh.gov/nursing)

# Revised Statute Annotated

## RSA 326–B:28

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- “A nurse holding a currently valid license as an RN or LPN may delegate specific nursing activities and tasks under the circumstances, and in accordance with the constraints, set forth in rules of the board adopted under RSA 541-A”

# RSA 326-B:29 11

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- 11 “No person may coerce an RN or LPN into compromising client safety by requiring the licensed nurse to delegate a nursing activity or task when the nurse determines that it is inappropriate to do so. A licensee shall not be subject to disciplinary action for refusing to delegate or refusing to provide training related to such a delegation when the licensee has determined that such delegation may compromise client safety.”

# Delegation Guidelines: A System and Patient-Centered Approach

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- **Purpose** – to provide clear directions and standardization of the delegation process, from a system and patient care perspective, for safe delegation nursing responsibilities.
- **Evolving role** of licensed nurses and licensed nursing assistants needed to meet the needs of New Hampshire residents.
- **Continuous changes in healthcare.** Number of licensed nurses may be limited in certain regions and healthcare venues requiring care that may need to be extended beyond the traditional role and assignments of licensed nurses.

# The 5 Rights of Delegation

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- **Right task** – must be appropriate to delegate
- **Right circumstances** – delegation must be appropriate to the client and practice setting
- **Right person** – nurse must ensure the right task is being delegated to the right person and competence has been validated
- **Right communication** – nurse must provide clear, concise instructions for performing the task
- **Right supervision** – nurse must provide appropriate supervision/monitoring, evaluation and feedback of the performance of delegated task

# Assessment and Planning

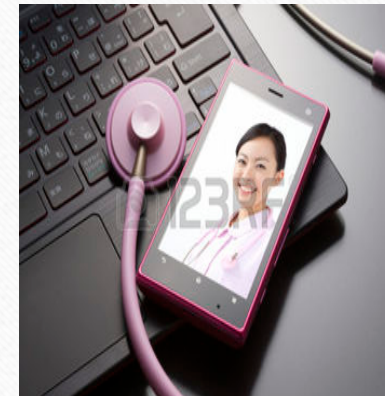
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- RN to determine appropriateness of delegation
- Review Delegation Tree
- Task must be within LNA scope of practice
- Involves little or no modification from one client to another
- Stable client; delegation performed with predictable outcome
- Delegation made on individual client basis; never an all inclusive decision
- Have access to assure qualification and validation of LNA competence

# Communication

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- The licensed nurse is responsible for clear and concise instructions and guidance regarding the LNA delegated task.
- Instructions include:
  - the task(s) to be performed
  - observations and client concerns that would need to be reported
  - unique needs of the client
  - priority for performing the tasks
  - required documentation



# Supervision/Monitoring

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- May be in form of **direct** or **indirect** supervision
- Must take in to consideration all variables of assessment and planning
- Degree of supervision is **nursing judgment**
- **Accountability** for coordination of delegation to LNA
- Licensed nurse maintains **responsibility** to intervene when LNA task is performed incorrectly, if task is not completed in an appropriate time frame, or an unexpected change has occurred in the client's condition



# Evaluation and Feedback

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- RN's and LPN's responsible for LNA evaluation and feedback.
- Evaluation by the RN would also include the effectiveness of the nursing plan of care, achievement of desired outcomes, modification of the plan of care as needed and success of the delegation process.
- Feedback provides an opportunity for both the licensed nurse and LNA to improve the delegation process and delivery of safe patient care.

# LNA Role and Responsibilities

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- Accountable for accepting delegated task correctly and within accordance of facility/agency policies and procedures
- Be competent in performing task; understanding the task
- Refuse delegation tasks that are beyond his/her knowledge, skills and competence and not within facility/agency policy
- Request assistance or training in any delegated task whenever necessary
- Inform and maintain communication with the delegating licensed nurse
- Documentation per facility/agency policy

# The Key to Successful Delegation

## Nur 400

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# Nur 404.01 Ongoing Requirements

- Purpose of **Nur 404.01** to **Nur 404.07** is to regulate the delegation of tasks of client care by licensed nurses to licensed and unlicensed persons, pursuant to RSA 326-B:28 and RSA 326-B:29.
- Purpose of **Nur 404.08** to **Nur 404.11** is to regulate the delegation of tasks of administration of medication tasks by licensed nurses to MNA, pursuant to RSA 326-B:28 and RSA 326-B:29.
- **Nur 405.01 Competence to Practice.** All licensees shall, through education and experience, maintain the ability to practice nursing or nursing related activities competently.

# Nur 404.03 Definitions

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- (a) **“Administration of medication”** means an action taken by a licensee or authorized delegate whereby a single dose of the prescribed medication is instilled into or applied to the body of a person for immediate consumption or use.
- (b) **“Assistance with administration of medication”** means an action taken by a licensee or authorized delegate whereby a client with stable medical condition(s) and who is fully able to recognize and accept prescribed medications is assisted with one or more of the following steps in the process of instilling or apply a single dose of prescribed medication:

# Nur 404.03 Definitions, cont'd.

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- (1) Providing assistance, observation, and documentation to a client;
- (2) Taking the medication to the client when the client is present to receive medication;
- (3) Opening the medication container for the client when the client is present;
- (4) Reminding or prompting the client to take the medication at the proper time;
- (5) Reading a medication label to the client;
- (6) Physically assisting the client to self-administer medication utilizing hand over hand technique; and
- (7) Providing food or liquids if the medication label instructs the client to take the medication with food or liquids.

# Nur 404.04 Licensees with the Authority to Delegate Nursing Related Activities

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- (a) The following licensees shall have the authority pursuant to RSA 326-B to delegate nursing related activities:
  - (1) Any currently licensed RN or APRN when practicing registered nursing; and
  - (2) Any currently licensed LPN when practicing practical nursing directed by a licensed APRN, RN, dentist, or physician.

# Nur 404.04 Licensees with the Authority to Delegate Nursing Related Activities, cont'd

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- (b) For nursing related tasks involving assistance with or the administration of medication, the following persons shall be eligible to be delegates:
  - (1) Any currently licensed RN or APRN
  - (2) Any currently licensed LPN, only when:
    - (a) The method of medication administration is not intravenous; or
    - (b) The method of medication administration is intravenous and the LPN is in compliance with Nur 604.01 (b) and (c);
- Unlicensed assistive personnel who have competency to perform the specific task to be delegated; and

## Nur 404.04 Licensees with the Authority to Delegate Nursing Related Activities, cont'd.

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- (4) Any currently licensed LNA only when:
  - a. The task is assistance with medication administration; or
  - b. The task is administration of medication and the LNA holds a certificate of medication administration issued in accordance with the provisions of Nur 802
  - c. The LNA is employed in the home care, residential care, adult day care, school setting or hospice setting.

# Nur 404.05 Eligibility to be a Delegatee

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- (a) Any individual shall be eligible to receive the delegation of a task of client care not involving the administration of medication only if such individual has competency to perform the specific task.

# Nur 404.06 Delegation of Nursing Tasks

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- (a) To delegate a nursing task, the delegating nurse shall:
  - (1) Assess the client to ensure the client's condition is stable and predictable pursuant to Nur 101.21;
  - (2) Ensure the task does not require nursing assessment and consider:
    - a. The nature of the task, the complexity, and the risks involved;
    - b. The delegate skills necessary to safely perform the task within the care setting and without the direct supervision of the delegating nurse; and
    - c. The willingness of the delegate to perform the task;

# Nur 404.06 Delegation of Nursing Tasks, cont'd

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- (3) Teach the task to the prospective delegate;
- (4) Observe the prospective delegate performing the task to ensure that the task is performed safely and accurately;
- (5) Upon finding the delegate competent at the task, delegate the task and instruct the delegate that the delegation is specific to the specified client only and not transferable to another client;
- (6) Document the delegation and the delegation process and leave written instructions with the delegate, as appropriate;

## Nur 404.06 Delegation of Nursing Tasks, cont'd.

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- (7) Supervise the delegate and provide ongoing evaluation at a frequency determined by consideration of the following:
  - a. The complexity of the delegated task of client care;
  - b. The condition of the client
  - c. The skill level of the delegate; and
  - d. The familiarity of the delegate with the environment in which the task is to be performed

# Nur 404.06 Rescind the Delegation

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**(8) Rescind the delegation if:**

- a. The client's condition changes in a way that renders the delegation no longer safe or appropriate;
- b. The delegate proves unwilling or incompetent to perform the delegated task;
- c. The client objects to the delegation; or
- d. The delegating nurse is no longer able to supervise the performance of the task.

The delegating nurse shall notify the delegate and the delegatee's supervisor of a rescission.

**(b) A licensed nurse shall report to the board an attempt to coerce the delegation of a task of client care in violation of RSA 326-B29,11**

# Nur 404.07 Delegation of Medication Administration

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- (a) In addition to the requirements of Nur 404.05, when delegating medication administration, the delegating nurse shall specify:
  - (1) The medication to be administered;
  - (2) The dosage, route and time of the medication to be administered;
  - (3) The proper method for administration;
  - (4) Required documentation; and
  - (5) The duty to report immediately to the delegating nurse any error in the administration.

## Nur 404.07 Delegation of Medication Administration, cont'd

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- (b) In addition to the requirements in paragraph (a), and when relevant to the care of the client by the delegate, the delegating nurse shall instruct the delegate on:
  - (1) The reasons for the medication;
  - (2) The potential side effects of the medication;
  - (3) Observation of the client's response; and
  - (4) Expected actions if side effects are observed.

## **Nur 404.07 Delegation of Medication Administration, cont'd**

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**(C) A nurse may delegate medication  
administration when medication is  
administered via the following  
routes:**

- (1) Topical;
- (2) Oral;
- (3) Nasal;
- (4) Ocular;
- (5) Auricular;
- (6) Vaginal;
- (7) Rectal;
- (8) Enteral tube; and
- (9) Injection of insulin or epinephrine  
in accordance with paragraph (f) and  
(g).

# Nur 404.07 Delegation of Medication Administration, cont'd

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- (d) A nurse shall not delegate the following:
  - (1) Medication administered via a parenteral route, if not listed in paragraph (c);
  - (2) Medication administered via a nasogastric tube
  - (3) The initial dose of a new medication or a previously prescribed medication with a dosage change; or
  - (4) Medication administration requiring a dosage calculation by the LNA.

# Nur 404.07 Delegation of Medication Administration, cont'd.

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- (e) A nurse may delegate **PRN** medications subject to the following:
  - (1) The delegating nurse provides written instructions; and
  - (2) The administration is authorized by the supervising nurse on duty or on-call.
- (f) A nurse may delegate the administration of insulin from a labeled and pre-set or pre-drawn insulin delivery device.
- (g) A nurse may delegate the administration of epinephrine from a labeled and pre-set or pre-drawn delivery device.

# Nur 404.08 Obligations of Licensees as Delegates

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- (a) A licensee to whom a specific tasks of client care has been delegated shall perform that task in accordance with RSA 326-B and these rules.
- (b) A delegatee who is a licensee shall wear a badge showing the delegatee's name and title when performing the delegated task of client care.
- (c) A delegatee who is a licensee shall report to the board the fact of any delegation which the delegatee believes to be beyond his or her competency.

# Nur 404.10 Circumstances Prohibiting the Performance of LNA Medication Delegation

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- (a) The task requires the determination of the client's need for the medication, the calculation of the dosage of the medication or the conversion of dosage;
- (b) The delegating nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or
- (c) The client is not stable or has changing nursing needs.

## **Nur 404.11 Obligations of Delegating Licensee in Connection with the Delegation to a LNA of a Task Involving Medication Administration**

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- (a) A licensee intending to delegate, or having delegated, a task involving medication administration to a MNA shall comply with the requirements of Nur 404.05 and Nur 404.06.
- (b) A licensee who, having delegated a task involving medication administration to a MNA, has any reason to believe that the delegatee may have made an error in the administration of medication shall:
  - (1) Immediately ascertain whether the error occurred; and
  - (2) If the error occurred or its occurrence cannot be ascertained immediately, take the following steps:

## **Nur 404.11 Obligations of Delegating Licensee in Connection with the Delegation to a LNA of a Task Involving Medication Administration, cont'd**

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- a. Inform the administrator of the facility, institution or agency in which the error occurred;
- b. Document the error in the client's clinical record;
- c. Complete any report required by the policies or rules of the facility, institution or agency within the required time period;
- d. Determine if immediate action is required to be taken with respect to the delegation of tasks to the MNA who made the error; and
- e. Maintain a record of errors in medication administration and actions taken by the delegating licensee for medication nursing assistant program site review.

# Key Definitions

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- **Licensed Nurse:** Registered Nurses and Licensed Practical Nurses
- **Delegation:** transfer of authority from a licensed nurse to a delegate to provide a specific aspect of nursing care that is in addition to his, her assignment and may be outside the traditional role and responsibility of that individual; however that licensed nursing assistant has the training and validated competence to perform the delegated task and responsibility.
- **Delegate:** one who is delegated a nursing responsibility, is deemed competent to perform the task and formally accepts the responsibility.
- **Delegated Responsibility:** an obligation to perform a nursing activity, skill or task that is outside the traditional role and job description, not taught in basic coursework and not part of the routine care assignments for the delegate.

# Key Definitions, cont'd

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- **Accountability:** To be answered to oneself and others for one's choices, decisions and actions as measured against a standard.
- **Supervision:** Oversight of licensed nursing assistants and the responsibilities performed by them. Supervision includes initial direction, ongoing oversight, follow-up and evaluation.
- **Stable:** Per BON definition the term “stable” means “a client whose overall health status, as assessed by a licensed nurse, is at the expected baseline, or has a predictable or expected responses that can occur with known chronic or long term conditions.”

# Supervision

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- Requires the **licensed nurse** to determine the degree of supervision/monitoring required to complete the delegated task.
- Licensed nurse assures compliance with standards of practice in accordance with facility, agency policies, procedures and **Nurse Practice Act**.
- **Direct supervision:** Occurs when the nurse is physically present.
- **Indirect supervision:** Occurs when the nurse is not physically present but is immediately available by telecommunications and available to go to the clinical site if needed.

# Delegation

↓ RN	↓ LPN	↓ LNA
<ul style="list-style-type: none"><li>• Assess client</li><li>• Educate / train LNA</li><li>• Validate competence of LNA</li><li>• Delegate medication task</li><li>• Provide supervision</li><li>• Evaluate LNA performance</li><li>• Evaluate plan of care (POC)</li><li>• Implement delegation into POC</li><li>• Provide feedback to LNA</li><li>• Accountable for delegation</li></ul>	<ul style="list-style-type: none"><li>• Works under supervision of RN</li><li>• Delegate after RN assessment</li><li>• Validate LNA competence</li><li>• RN supervision availability</li><li>• Appropriate LNA supervision</li><li>• Evaluate LNA performance</li><li>• Document delegation</li><li>• Accountable for delegation</li></ul>	<ul style="list-style-type: none"><li>• Trained and educated by licensed nurse. Competency deemed.</li><li>• Accountable for task</li><li>• Accountable for documentation and communication with delegator</li><li>• Cannot transfer delegation to another LNA</li></ul>

**Public Protection**

**Licensed Nurse  
Responsibilities**

**Training  
And  
Education**

**LNA  
Responsibilities**

**Two-way Communication**

# Employer Responsibilities

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- Determine nursing responsibilities that can be delegated, to whom, and what circumstances per BON rules
- Develop delegation policies and procedures
- Educate staff on responsibilities that can be delegated
- Evaluate delegation process
- Promote positive cultural work environment
- Promote public safety

# Delegation Scenarios

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# Practice Scenarios

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- The following scenarios are situations you are likely to encounter in assisted living facilities, home care, hospice, adult day care and school settings.
- The goal of the scenarios is to promote critical thinking and analysis of situations when you may or may not choose to delegate.
- Information in this power point presentation is your guide to the rules that will assist you discussing the practice scenarios and using nursing judgement related to all of the variables a licensed nurse and LNA must consider prior to when a safe delegation is implemented.

## LNA / Accountability

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1. Principles of delegation and supervision
2. Education, documentation
3. RN accountability
4. LNA accountability
5. Transferring delegation

- 76 year old Lena lives alone and was discharged from the hospital to home after receiving IV Lasix for 3 days. Upon discharge Lena was given a prescription to increase her Lasix from 40 mg to 60 mg once daily. The RN instructed the LNA to give the increase. The LNA was deemed competent for delegated medication administration. The patient refused to take the increase and stated “I need to take a nap. Tell the afternoon LNA I will take it then.” The LNA left a note for the on-coming LNA to give the Lasix.

# Assisted Living Facilities

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1. Change in client condition
2. Assessment
3. Communication
4. Policies & Procedures
5. Delegation
6. Education; competency
7. Nurse Practice Act

- Mrs. Hill is a client living in an assisted living facility. She has been stable and independent for the past four years. Recently Mrs. Hill's daughter visited her and noticed a change in her physical well-being. The daughter is concerned and has noticed a decline in her mother's endurance and ability to self-administer medications. Mrs. Hill has glaucoma and is having difficulty administering her eye drops. Mrs. Hill's daughter has requested that the nurse in the facility administer all medications including her eye drops twice daily. The licensed nurse informed Mrs. Hill's daughter there is only a day nurse in the facility but any available LNA will administer her medications and eye drops.

# Hospice

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- 5 Rights of Delegation
  - Nurse Practice Act
  - LNA competency and accountability
  - LNA Right to Refuse
  - PRN Medications
  - Supervision, education, safety
  - Family pre-drawn medications
  - Which agency licensed nurse should, could delegate?
- The patient is a 52 year old female that has bone cancer. She is on a hospice plan of care and wishes to die in her home. She has been requesting pain medication every 2 hours. The patient does have a paid LNA employed by an agency other than the hospice organization. The role of the LNA is to offer support to the family allowing much needed sleep so they may safely provide care to their loved one during day hours. The family has pre-drawn morphine and instructed the LNA to give the morphine to the client every 2 hours if she is awake. The LNA does not feel comfortable and is fearful of losing her license. She decides to telephone her employer for instructions.

# Home Care

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- Stable client
  - Change in condition
  - Safety
  - Assessment
  - LNA POC
  - 5 Rights of Delegation
  - Supervision / follow-up / evaluation
- Janie is a homecare LNA. She arrived at the home of her client who is a 61 year old black male who is seen weekly by a home care RN for COPD, hypertension and lower extremity edema. He has a 20 year history of smoking 2 packs of cigarettes a day. His father died from heart disease and his brother has hypertension. When the LNA arrived the client complained of having a very bad headache and dizziness when standing up. The LNA noted the client had edema in both feet and ankles. The LNA reported to the nurse her clients blood pressure reading was 190/106. The LNA also reported her client did not take his usual medications that morning that the nurse had set up in his 7 day medi-planner the day before. The LNA has been deemed competent for medication delegation.

## How could this LNA advocate for herself?

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- List 3 principles of delegation and supervision that were violated in this situation.
- What should have this nurse done?
- An LNA is providing care to a pediatric client while the child's mother is at work. The child is swallowing impaired and has a continuous PEG tube feeding. The RN calls to inform the LNA she is not able to visit the child to administer routine, scheduled medications. The RN then instructs the LNA to dump the child's medications into the feeding bag. The LNA informs the RN she has never done that before. The nurse replies "just do what you are told.....what is the big deal?"

# Home Care

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1. Right to refuse delegation
2. 5 Rights of Delegation
3. 2-way communication
4. Accountability
5. Policies and Procedures
6. 4 steps of delegation
7. Licensed nurse and LNA Education

- Mr. Goran, 83 years old, lives at home with his 79 year old spouse. Mr. Goran has terminal esophageal cancer. He returned home from a hospital admission two weeks ago with a hospice plan of care. Mr. Goran does have a PEG tube which was inserted 3 months prior to his hospice status. The client's LNA arrives in the morning to provide personal care. While the LNA is providing care the spouse states "well since you are here I think I will run out to the post office and be back in about an hour." Shortly after the spouse leaves Mr. Goran complains of pain and is moaning. The LNA notes that the spouse had given the client Morphine Sulfate three hours ago. The order reads the client may have Morphine Sulfate 2-4 mg once every 2 hours PRN for pain. The LNA telephoned the homecare agency to report the client's pain and is told by the on-call nurse to give the Morphine Sulfate 4 mg via his PEG tube. The LNA stated "I need to talk to Mr. Goran's nurse.. I am not comfortable doing that."

# School Setting

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- 5 Rights of Delegation
  - Direct / Indirect delegation
  - PRN medication
  - Documentation
  - Supervision / safety
  - Follow-up / Evaluation
  - LNA right to refuse / competency
- Liam is a LNA/Para-educator working in a public elementary school setting. He has been assigned to an 11 year old male student Justin with cerebral palsy who has occasional seizures. The class is on a school trip to the Boston Museum when suddenly Justin has a seizure. Liam is aware that Justin has a physicians order for rectal Ativan and Diastat (Diazepam) gel in his backpack that is attached to Justin's wheelchair. Liam reaches for his cell phone and calls the school nurse. The school nurse has previously educated Liam on the procedure to administer the rectal medications but he has never performed the task.

# Adult Day Care Setting

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- Scope of Practice
  - Competency
  - Facility policies and procedures
  - Communication
  - Assessment
  - Nurse Practice Act
  - Delegation Nur 400 rules
- Cindi is a second year nursing student who works part time as an LNA in an adult day care setting. Mr. Paul tells Cindi he has been very independent all his life and hates the thought of being sick and being forced by his children to go to a ridiculous adult babysitter program for the day. Mr. Paul's hands were tightly clenched and he began to yell at Cindi to get him some Tylenol for his headache. Cindi informs Mr. Paul she needs to speak to the nurse first. Mr. Paul stated "look, if I have to wait for her I might as well die." Mr. Paul further demands that Cindi give him Tylenol. Cindi decided to administer the Tylenol without communicating with the licensed nurse as Mr. Paul was upsetting other clients in the Adult Day Care setting.



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# Unlicensed Personal Care Givers

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- The Board of Nursing has no jurisdiction over unlicensed care givers
- Commonly work in assisted living, home care and adult day care settings

# Conclusion

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- Delegating to LNA's is optional
- Effective delegation promotes safe, competent and cost effective nursing care enabling the nurse to assume more complex nursing issues.
- The 5 Rights of Delegation is an excellent framework to guide the licensed nurse using professional judgment and critical thinking to ensure safe delegation.
- The 4 Steps of delegation principles serve as a framework to guide the licensed nurse in making appropriate delegations and maintaining accountability.
- The Nurse Practice Act ensures safe practice and safety to the public
- Delegation is a skill that needs to be developed through practice and education
- Good communication skills promote effective delegation and ensures quality and safe care.

# References

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- American Nurses Association (ANA), 2015, p41
- Journal of Nursing Regulation, 2016, volume 7/Issue 1, p9
- <http://www.nh.gov/decision-tree-rn-delegation.pdf>
- [http://www.gencourt.state.nh.us/rules/state\\_agencies/nur\\_100-800.html](http://www.gencourt.state.nh.us/rules/state_agencies/nur_100-800.html)
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